

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Rifle Association of America Political Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00053553	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>National Rifle Association of America</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 10 / 2016</b>	
Mailing Address <b>11250 Waples Mill Road</b>		Amount <b>460.94</b>	
City <b>Fairfax</b>	State <b>VA</b>	Zip Code <b>22030</b>	Transaction ID : <b>70331864</b>
Purpose of Expenditure Salary / Benefits		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>David Joyce</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>14</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>OH</b>
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>National Rifle Association of America</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 10 / 2016</b>	
Mailing Address <b>11250 Waples Mill Road</b>		Amount <b>460.94</b>	
City <b>Fairfax</b>	State <b>VA</b>	Zip Code <b>22030</b>	Transaction ID : <b>70331873</b>
Purpose of Expenditure Salary / Benefits		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Rob Portman</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>OH</b>
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>921.88</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Rose Adkins

[Electronically Filed]

Date

 MM / DD / YYYY  
**03 / 11 / 2016**

Signature